

**INSTRUCTIONS FOR THE REQUEST  
OF A THERAPY SPELL OF ILLNESS  
(Physical, Occupational, Speech)**

**A. Complete the Prior Authorization Request Form (PA/RF).**

- Required Elements: 1-13, 16, 18, 19, 23 and 24
- Leave these Elements Blank: 14, 15, 17, 20 and 21
- Refer to the attached instructions for completing the Prior Authorization Request Form (PA/RF).

**B. Complete the Prior Authorization Spell of Illness Attachment (PA/SOIA).**

- Required Elements: 1-9 and Parts A thru G
- Refer to the attached instructions for completing the Spell of Illness Attachment (PA/SOIA).

**C. Submit the Prior Authorization Request Form (PA/RF) and the Spell of Illness Attachment (PA/SOIA) to the following address:**

E.D.S. Federal Corporation  
Prior Authorization Unit  
Suite 88  
6406 Bridge Road  
Madison, WI 53784-0088